

Entered - 05/19/00 - sb
CL00L0303 - DIANNE C. MITCHELL

00-R-1726

CLAIM OF: WILLIAM C. FINCH, JR.
2903 North Hills Drive
Atlanta, Georgia 30305

For damages alleged to have been sustained as a result of a sewer back up
on December 9, 1999 at 2903 North Hills Drive.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSE REPORT

COM. Public Safety

DATE 10/31/00

CHM. H.L.D.
11/14/00

COM P.S. & L.A.

DATE 11/28/00

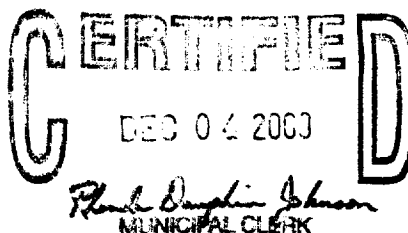
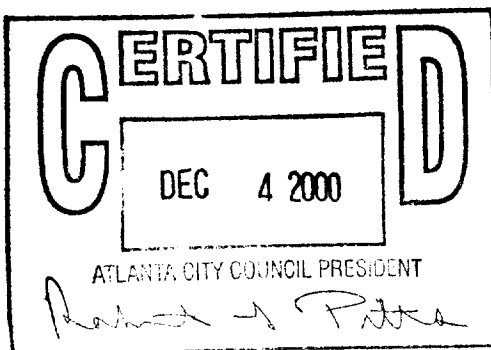
CHM C. T. Martin

ACTION FILED
X Sherry Dorsey

Regular Report Agenda

FILED BY
CITY COUNCIL

DEC 04 2000



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0303

Date: October 10, 2000

Claimant /Victim WILLIAM C. FINCH, JR.

BY: (Atty.) (Ins. Co.) _____

Address: 2903 North Hills Drive, Atlanta, Georgia 30305

Subrogation: _____ Claim for Property damage \$ 5,827.79 Bodily Injury \$ _____

Date of Notice: 04/25/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/09/99 Place: 2903 North Hills Drive

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his property was damaged due to a sewer back up. The investigation determined that the City had no notice of any problems with the sewer prior to the incident involving the claimant. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

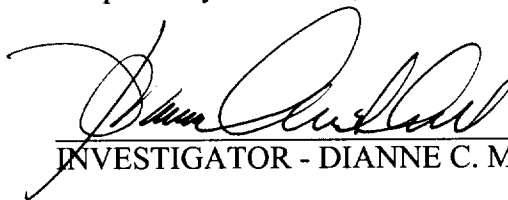
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 10-10-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 12-9-99

APR 25

ENTERED - 5-19-00 - SB
00L0303 - DOBBS JORDAN

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5827.79 property and/or
\$ X bodily injury for which I contend the City is liable.

1. Date of incident: 12/9/99 2. Time of Incident: 8 AM 3. Police called: X
(month/day/year) Yes No
4. Location of incident (including street address): CALLER SEWER DEPT,
5. Name of your insurance company: AMICA Policy No. _____
6. State what and how incident occurred: SEWAGE BACKED UP IN TO HOUSE;
UPSTAIRS TUB, SHOWER AND TOILET OVERFLOWED; DOWNSTAIRS
WAS RUINED BY WATER LEAKING FROM PIPES - BATHROOM,
HALL, BEDROOM AND CLOSETS
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL
RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of
repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by
State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

William C. Finch, Jr.
Signature of Claimant

WILLIAM C. FINCH, JR.
(Print Claimant's Name)

2903 NORTH HILLS DRIVE
(Address)

ATLANTA, GA 30305
(City, State and Zip Code)

404.609.6287
(Work Number)

404.262.3430
(Home Number)

00-R-1726

RCS# 2436
12/04/00
4:03 PM

Atlanta City Council

Regular Session

00-R-1726

Claim of William C. Finch Jr. for
property damage from sewer backup
FILE

YEAS: *11/12*
NAYS: 1
ABSTENTIONS: 0
NOT VOTING: 3
EXCUSED: 0
ABSENT 1

Y McCarty	Y Dorsey	NV Moore	B Thomas
Y Starnes	Y Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	N Alexander
Y Winslow	NV Muller	Y Boazman	NV Pitts

Add moore as yea vote

00-R-1726